

TOWNSEND
and
TOWNSEND
and
CREW
LLP

RECEIVED
CENTRAL FAX CENTER

SEP 13 2004

San Francisco, California
Tel 415 576-0200

Palo Alto

Walnut Creek, California
Tel 925 472-6000

379 Lytton Avenue
Palo Alto
California 94301-1431
Tel 650-326-2400
Fax 650-328-2422

San Diego, California
Tel 858 350-6100

Denver, Colorado
Tel 303 571-4000

Seattle, Washington
Tel 206 467-9600

FACSIMILE COVER SHEET

Date: September 13, 2004	Client & Matter Number: 022176-000500US	No. Pages (including this one): 4
To: Dionne Harvey USPTO	At Fax Number: (703) 872-9306	Confirmation Phone Number:
From: Joel M. Harris (5129)		

Message: Attached are the Transmittal Form, Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address, and Statement Under 37 CFR 3.73(b) for U.S. Patent Application Serial No. 09/199,669 filed 11/25/98.

60307739 v1

Original Will:	<input type="checkbox"/> BE SENT BY MAIL	<input type="checkbox"/> BE SENT BY FEDEX/OVERNIGHT COURIER	<input type="checkbox"/> BE SENT BY MESSENGER	<input checked="" type="checkbox"/> X NOT BE SENT
----------------	--	---	---	---

Faxed:

Return to: Marcia Shea - (5461)

If you have problems with reception please call Fax Services at extension 5565

Important

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and/or exempt from disclosure by applicable law or court order. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address via the United States Postal Service. Thank you.

60307739 v1

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number 09/189,669
Total Number of Pages in This Submission		Filing Date November 25, 1998
		First Named Inventor Shennib, Adnan
		Art Unit 2643
		Examiner Name HARVEY, Dionne
		Attorney Docket Number 022176-000500US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input type="checkbox"/> <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> <input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Statement Under 37 CFR 3.73
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Townsend and Townsend and Crew LLP Joel M. Harris	
Signature		
Date	Reg. No. 44,743 9/13/04	

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 872-9306 on <u>9/13/04</u>			
Typed or printed name	Marcia D. Shea		
Signature		Date	9/13/04

60306115 v1

RECEIVED
CENTRAL FAX CENTER

SEP 13 2004

PTO/SB/82 (08-03)

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/199,669
Filing Date	11/25/1998
First Named Inventor	Adnan Shennib et al.
Art Unit	2843
Examiner Name	Dionne, Harvey
Attorney Docket Number	022176-000500US

I hereby revoke all previous powers of attorney given in the above-identified application:

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

20350

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

20350

OR

<input type="checkbox"/> Firm or Individual Name				
---	--	--	--	--

Address				
---------	--	--	--	--

Address				
---------	--	--	--	--

City			State	ZIP
------	--	--	-------	-----

Country				
---------	--	--	--	--

Telephone		Fax	
-----------	--	-----	--

I am the:

- Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Susan Whichard, Vice President, InSound Medical, Inc.		
------	---	--	--

Signature	<i>Susan Whichard</i>		
-----------	-----------------------	--	--

Date	9 - 7 - 04	Telephone	510-792-4000
------	------------	-----------	--------------

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of forms are submitted.

60272149 v1

PTO/SB/88 (08-03)

Attorney Docket No. 022176-000500US
Client Ref. No. ISM-005**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Insonus Medical, Inc., (now InSound Medical, Inc. - see attached merger document 01/08/2002)Application No./Patent No.: 09/199,669 Filed/Issue Date: 11/25/1998Entitled: Semi-Permanent Canal Hearing DeviceInSound Medical, Inc. a Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. the assignee of the entire right, title, and interest; or
2. an assignee of less than the entire right, title and interest.
The extent (by, percentage) of its ownership interest is _____ %

In the patent application/patent identified above by virtue of either:

A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 9627, Frames 0310, 0321 and 0445, respectively, or for which a copy thereof is attached.

OR

B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached..

3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

Additional documents in the chain of title are listed on a supplemental sheet.

Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

9-7-04

Date

510-792-4000

Telephone number

Susan Whichard

Typed or printed name

Susan Whichard

Signature

Vice President, InSound Medical, Inc.

Title

60272163 v1